### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

Chapter 15) JAN 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

RECEIVED

for LOBBYISTS
(RSA Chapter 15)
PLEASE PRINT

I. Name of Lobbyist(s) TOb	ert J Saille	4_	14)
II. Name of lobbyist's partnership,	firm or corporation, if any:	0	
NH Motor Jy (Name of partnership,	firm or corporation)	ciation	
P.U.Box3898  Business Address: (Street)	Concord (Town/City)	NH (State)	(Zip Code)
(603) <u>224-7337</u> (Telephone)	(03) 225-936) (Fax)		leyanhmty.org
III. This statement covers: (Choose or reportable expense transactions which	one – file separate reports for ch are not attributable to any	each client, OR you may i	file a separate report for
All reportable transactions occurring	ng in the months prior to the rep	oorting date relative to the fo	ollowing client:
(Full Name of C	lient as it appears on the Lobbyist	ansport Ass Registration Form)	sociatión
OR ☐ All reportable transactions by the lounrelated to any particular client.	-	•	m listed below which are
IV. Date of Report April 26, 2017 Reports cover: activity from date of reg		July 26, 2017   ity from 4/1/17 to 6/30/17,	
October 25, 20 activity from 7/1/1		January 31, 2018 🗹 wity from 10/1/17 to 12/31/17	
V. There have been no fees receive If this box is checked, complete just this Concord, NH 03301.	ed and no reportable trans form and submit it to the Secre	actions made since the latery of State's Office, State	ast report.   House, Room 204,
VI. Check if additional reports are at			
If you have received fees or made e			
If you have paid an honorarium or r Expense Reimbursement	eimoursed expenses, you must	nie Addendum B– Report	of Honorariums or
If you, your firm, or your family has	made political contributions, y	ou must file Addendum C	- Political Contributions
Sworn Statement/Affirmation by Lobi have read RSA 15, RSA 15-B, RSA 14 and complete to the best of my knowled	-C and RSA 664 and hereby sv	vear or affirm that the forego	oing information is true
Vall July		/- 25-18 (Date)	
(Signature of Tobbyist)		(Date)	•
Kobel RT JY Score (Print Name of Johnvist)	wy		



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

## **RECEIVED**

JAN 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Robert J. Sculley	DEPARTMENT C
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Motor Jransport (Name of partnership, firm or corporation)	1530C19 1701
III. Name of Client New Hampshire Motor Flans A	SSN Date 1-25-18
IV. Fees Received Indicate the gross amount of all fees received from the client identified about to lobbying, including fees for services such as public advocacy, governm including research, monitoring legislation, and related legal work. The reduced by any expenses:	ent relations, or public relations services gross fee amount reported shall not be
a) Total of all fees received in this reporting period	a)\$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	(1  b) \$ $(19  035)$ $(19  year)$
c) Total of all fees received to date (Add lines a and b)	018 19,035.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	may be filed for the lobbyist(s)/firm. he aggregate total of all expenses paid expenses; (b) the aggregate total of all ple: meals purchased during a business ess than \$10 that is given to the person ied with a value of \$25.00 or less); and porting period of greater than \$25.00 for lue of greater than \$25, purchase of a ter than \$25, but not greater than \$50, so expense reimbursement or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b)\$
c) Total of all itemized expenditures reported in detail in access. VI	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$
f) Total of all expenses year to date	ns
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	/-35-18 (Date)
Print Name of lobbyist)	

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

# RECEIVED

JAN 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

	DEPARTMENT
I	. Name of Lobbyist(s) ROBERT J. Soury
	l. Name of lobbyist's partnership, firm or corporation, if any:
-	(Name of partnership, firm or corporation)
11	11. Name of Client U.t. worth Than fut ASN Date 1-25-18
	olitical Contributions or each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the
cl	ient/lobbyist and lobbying firm, indicate the following:
_	
Fı	Ill name of candidate: Mongy Cycle  (Last Name) (First Name) (Middle Name/Initial)  mount of contribution \$ 2,500 00 Office Candidate is Seeking 5777 Separate
	(Last Name) (First Name) (Middle Name/Initial)
Αt	nount of contribution \$ 1500 00 Office Candidate is Seeking 57477 Several
aci	the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the tual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known,
eni	ter an estimated value and the word "estimate."
Fu.	Il name of candidate: Computation To Clust Lose Republicants (Last Name) (First Name) (Middle Name/Initial)
	(Last Name) (First Name) (Middle Name/Initial)
۱m	nount of contribution \$ \( \frac{\fin}}}}{\fracc}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac
	the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the
cti	all cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known,
nte	er an estimated value and the word "estimate."
_	
	()
`ul	I name of candidate: 50 DA DA
-ul	I name of candidate: CODA Control (Middle Name/Initial)
ul: me	I name of candidate: CODA BA (Last Name) BA (First Name) (Middle Name/Initial)  ount of contribution \$ 150.00 Office Candidate is Seeking 57477 Swatter

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	KUBERT J	Soury		
II. Name of lobbyist's		ſ		
NH. MOTENT 1	= = = = = = = = = = = = = = = = = = =			<del> </del>
III. Name of Client <u>pt</u>	NOW THE	OUT AUGH	Date (-35-1	8
Political Contributions For each political contri client/lobbyist and lobb	s bution that is reportable	e pursuant to RSA Chap		
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial	<del>-</del>
Amount of contribution \$	250.00	Office Candidate is	Seeking 5 An	SOUNT
Full name of candidate:	Thuis	DAN		
	(Last Name)	(First Name)	(Middle Name/Initial)	<del></del>
Amount of contribution \$ _	250,00	Office Candidate is S	Seeking STATE	SOWATE
If the contribution is an in-kactual cost of the in-kind coenter an estimated value and	ntribution on the line abov	a description of the goods we for amount of contributi	or services provided, and ion. If the actual cost is n	enter the ot known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ c	150 w	Office Candidate is S	eeking SIVATE	SCYLARD



Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

1. Name of lobbyist's partnership, firm or corporation, if any:    Description of phinorship, firm or corporation				
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution \$  Office Candidate is Seeking  Office Candidate is Seeking  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)  Office Candidate is Seeking  Office Candidate is Seeking  If the actual cost is not known, enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name)  Office Candidate is Seeking  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."	II. Name of lobbyist's par		,	
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)	U. U. MOTOL TA	A SOUT (thership, firm or corporation)	AZY	
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)	III. Name of Client 194	Notal Tune	May AZEN	Date (- 25-18
Amount of contribution \$	Political Contributions For each political contribu	tion that is reportable	pursuant to RSA Chapt	
Amount of contribution \$	Full name of candidate:	CAUGOU (Last Name)	Collei An	(Middle None (India)
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."    Full name of candidate:				
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ Office Candidate is Seeking  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."	THOUGH OF COULDDINGS 3	_ <del></del>	Office Candidate is	Seeking 1 147 L SOLVA
Amount of contribution \$Office Candidate is Seeking				
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)	Full name of candidate:	(Lost Nossa)	(First No.	(MCIAIL NI (Table I)
Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)				
(Last Name) (First Name) (Middle Name/Initial)				
mount of contribution \$ Office Condidate in Seeking	Amount of contribution \$ If the contribution is an in-kine actual cost of the in-kind contr	d contribution, provide	Office Candidate is S	eeking or services provided, and enter the
MIDGIT OF COMPUGACION AND COMPUGACION COMP	Amount of contribution \$  If the contribution is an in-kine actual cost of the in-kind contr	d contribution, provide ribution on the line abov he word "estimate."	Office Candidate is Sa a description of the goods of the for amount of contribution	or services provided, and enter the on. If the actual cost is not known,

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."	e n,
(If more than three contributions were made, report additional contributions on separate addendum C forms.)	
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.	n
(Signature of lobbyist)  (Signature of lobbyist)  (Date)	_
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.	n —